PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications.	s form should be used correspondence includi- ted below or directed of ations.	for tran ng the l nerwise	smitting the ISSI Patent, advance o in Block 1, by (a						ould be completed where orrespondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						s) Transmittal. This ce	rtificate	cannot be used for	domestic mailings of the rany other accompanying or formal drawing, mus	
27791	7590 05/07/2007 Certificate of Mailing or Transmission									
ALLISON JOHNSON, P.A. LAKE CALHOUN EXECUTIVE CENTER 3033 EXCELSIOR BLVD., SUITE 467						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
MINNEAPOLIS, MN 55416						Erin Mar	a:t	DajKa	(Depositor's name)	
			airs Na	uist	Pei/	(Signature)				
		L	August	6,2	.007	(Date)				
APPLICATION NO.	FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO		DOCKET NO.	CONFIRMATION NO.	
10/633,385	10/633,385 08/01/2003			David E. Wolf				205-010US2 2826		
	N: FLUORESCENCE CC	ľ				_			·-	
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE		TAL FEE(S) DUE	DATE DUE	
nonprovisional YES		\$700		\$300		\$0		\$1000	08/07/2007	
EXAMINER			ART UNIT	CLASS-SUBCLAS						
PUNNOOSE, ROY M 2886				356-417000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	AND RESIDENCE DATA			**		•				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sensor Technologies LLC Shrewsbury MA										
Jensor	iech no logie	5 6	44	Shrew	کر	bury, MA				
Please check the appropr	riate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual 🗵 Corpor	ation or	other private group	p entity Government	
				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
☑ Issue Fee ☑ Publication Fee (No small entity discount permitted)				☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501, 171 (enclose an extra copy of this form).						
a. Applicant claim	atus (from status indicated ns SMALL ENTITY statu	s. See 3	37 CFR 1.27.			ger claiming SMALL E				
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if requeecords of the United Sta	iired) w tes Pate	vill not be accepted to and Trademark	d from anyone other the Office.	an tl	ne applicant; a registere	d attorn	ey or agent; or the	assignee or other party in	
Authorized Signature	acción So	l <u>mis</u> s	<i>3</i> 0			Date	peda	16,2007	,	
Typed or printed nam	a Allison	Jo	hnson			Registration No	3	6,173		
This collection of inform	nation is required by 37 C	FR 13	11 The information	n is required to obtain	Or T	etain a henefit by the p	ıhlic wh	ich is to file (and h	w the LISPTO to process	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.